

Health & Human Services System Service Coordination Monitoring

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First Name: <input style="width: 90%;" type="text"/>	Last Name: <input style="width: 90%;" type="text"/>
Provider: <input style="width: 90%;" type="text"/>	Date: <input style="width: 90%;" type="text"/>
Coordinator First Name: <input style="width: 90%;" type="text"/>	Coordinator Last Name: <input style="width: 90%;" type="text"/>
<input type="radio"/> Ongoing Monitoring	<input type="radio"/> After Annual IPP

A) RIGHTS

Code	Y	N	n/a	Description
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Individual's right to privacy is respected
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	All restrictions (<i>including psychotropic medication increases</i>) utilized have been approved (<i>Rights review committee, guardian, IPP</i>)
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Interactions appear to reflect dignity and respect (<i>observations or reports</i>)
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Individual has access to his/her own possessions, including spending money
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Neglect & Abuse allegations have had follow up (<i>refer to incident report tracking form</i>)
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	At the time of the review, the person was free from abuse/neglect and of safety concerns.
C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Are there comments on the form under section A) Rights?

B) HABILITATION

Code	Y	N	n/a	Description
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Task/activities meet the individual's habilitation needs (<i>challenging, enriching & increasing independence</i>)
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	On-going habilitation is occurring, skill training and supports occur as opportunities arise (<i>shows progress, revisions as needed</i>)
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	All programs are implemented within 30 days of the IPP/IFSP or as documented
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Skill training occurs formally at the frequency indicated in the IPP/IFSP (<i>refer to data collection</i>)
11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	The program is being conducted as written
12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Data is collected as indicated in the training program
13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Assessments are available upon request.
14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Non specialized supports identified in the IPP/IFSP are addressed as documented
15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Programs and service/needs/staff objective match IPP/IFSP document
16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Behavior management strategies are implemented as written in the training program (use of physical and/or chemical restraints/intervention) (<i>review of</i>
17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Behavior management intervention strategies continue to be appropriate (<i>observations/incident reports staff report</i>)
18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Staff are knowledgeable of programs/individuals needs
19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Programs received in 14 days of the IPP/IFSP or team meeting
20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Behavior management program methodology teaches appropriate replacement behaviors and the intervention strategies continue to be appropriate
C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Are there comments on the form under section B) Habilitation?

C) FINANCIAL:

Code	Y	N	n/a	Description
21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Individual's finances are managed appropriately (according to DD regulations and as noted in the IPP/IFSP (<i>petty cash/receipts, missing money, over</i>
22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Resources/benefits available are received as needed/eligible (<i>SSI/SSA, food stamps, Medicaid, Housing Urban Development(HUD), etc</i>)
23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Team notified of unplanned purchases over \$50 (<i>guardian/individual approval</i>)
24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Individual has enough financial resources to meet basic needs (<i>shelter, clothing, food, etc</i>)
25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	The individual has been assisted in making purchases as identified in the IPP/IFSP
C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Are there comments on the form under section C) Financial?

D) SERVICE NEEDS:

Code	Y	N	n/a	Description
26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Adaptive Devices/Prosthetics are being used and in good repair
27	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Staff are familiar with instructions in proper application of Adaptive Devices/Prosthetics
28	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Transportation needs are being met as identified in the IPP/IFSP
29	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Personal hygiene needs are being met
30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Level of staffing sufficient to meet individual's needs
31	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Service Needs/Staff objectives are addressed as documented in the IPP/IFSP
C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Are there comments on the form under section D) Service Needs?

E) HEALTH & SAFETY

Code	Y	N	n/a	Description
32	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Medication records are accurate and reflect that medications are given as prescribed.

33	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Medication reviews are held as noted by the physician/psychiatrist
34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	As appropriate to the individual's needs, data is collected regarding seizures, side effects of medications, bowel movements, or other pertinent documents
35	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nutritional considerations are addressed as documented in the IPP/IFSP.
36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Free from injury (<i>unknown bruises/suspicious accidents</i>)
37	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	All the individual's medical needs are met (<i>access to health services, preventative health care, medical appointments are completed as needed.</i>)
C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Are there comments on the form under section E) Health & Safety?

F) HOME/WORK ENVIRONMENT

Code	Y	N	n/a	Description
38	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Individual free from Occupational Health Hazards (<i>safety equipment available, safety glasses, ear plugs, rubber gloves, chemical contact</i>)
39	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Environment is adequate for the activity
40	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Free from obvious safety hazards (<i>ripped carpets, mold, offensive odors, chemicals</i>)
41	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Environment has been adapted to meet the person's physical or behavioral needs
42	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	General condition of home furnishing and/or personal belongings are in good repair (<i>no holes in wall, broken doors/windows</i>)
C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Are there comments on the form under section F) Home/work environment?

G) INDIVIDUAL'S INPUT

Code	Y	N	Unsure	Unclear Response	No Response	Description
43	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Do you like the people you live with?
44	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Do you tell you support staff what to help you with?
45	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	When you are at home, can you eat when you want to?
46	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Can you go to bed when you want to?
47	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Does anyone take your things without asking first?
48	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Does anyone ever do mean things to you, such as yell at you?
49	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Does anyone ever hit you or hurt your body?
C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Are there comments on the form under section G) Individual's Input?

Code	Y	N	n/a	Description
C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Are there other comments on the form as input from the individual?
C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Is there Action Needed?
C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Is there a Team Meeting needed?

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